

SCHOOL AGE DAY CARE PROGRAM CERTIFICATION Standards and Checklist

Completion of this form meets the requirements of Chapter DWD 55 of the Wisconsin Administrative Code.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Staff Records (continued)

Yes No NA

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Names and addresses of employers in previous work experience in child care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Name, address and telephone number of a person to be contacted in case of an emergency |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evidence that the employee is free from tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Background Information Disclosure form (HFS 64) – completed prior to employment and every 4 years thereafter |

Caregiver Background Check

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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I agree that the Background Information Disclosure form (HFS 64) will be completed and sent to the certifying agency for each employee, substitute, volunteer who is used to meet staff to child ratios or resident over the age of 12 years before that person begins to work or reside on the premises. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I agree that I will wait until the certifying agency has reviewed the Background Information Disclosure form and the caregiver background check, when necessary, prior to hiring an employee. |

Orientation

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The program has developed and implemented an orientation session that will be given to all new staff and volunteers in the first week that they are working in the program. |
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The orientation includes the following information:

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review of health, nutrition and discipline policies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review of plans for evacuation and other emergencies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Training in emergency procedures and use of first aid |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review of all applicable parts of DWD 55 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review of the school age program's activity schedules |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Training in the recognition of signs of child abuse and neglect and explanation of responsibilities for reporting suspected cases of child abuse or neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explanation of job responsibilities and job description |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Training in the recognition of childhood illnesses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A copy of the policies that are reviewed during an orientation session will be sent to the certifying agency. |

Facility

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The program has obtained any required zoning clearances or building permits from local authorities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The certifying agency has received a copy of the report of inspection, which indicates approval of the building by the Wisconsin Department of Commerce, or by a certified agent of that department. A copy of the report will also be kept on file at the program. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The building will comply with applicable state and local building codes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The licensing specialist from the regional licensing office will complete an on-site inspection of the program and file their report showing compliance with applicable school age certification requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is 35 square feet (3.3 sq. meters) of floor space for each child. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The indoor area is free from hazards. |

The following items are out of children's reach:

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medications/Drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poisons or insecticides |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weapons |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Matches, cigarette lighters and flammable liquids |

A program that has a swimming pool on its premises will do all of the following:

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Comply with the requirements of chs. Comm 90 and HFS 172, relating to swimming pool safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintain a ratio of one person qualified by Red Cross, Boy Scouts, Young Men's Christian Association or other generally accepted lifesaving certificate for every 25 children in the water. |